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A New Agenda for Harm Minimization?

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It is hard not to be daunted after reading this series of papers. The collection certainly succeeds brilliantly in portraying the many difficulties and complexities that need to be faced if prevention of drug-related harm among high-risk groups of young people is to succeed. It does not leave me feeling, however, that we know much about what works and, perhaps, even about what would be the criteria for effectiveness. I do, however, have a sense of an important new agenda emerging on the prevention of drug-related harm which urgently needs an empirical basis. Reading this thought-provoking set of papers, a number of niggling questions came to mind, most of which relate to what we need to know rather than what we already know. I start with the most general of these questions.

1. The Prevention Paradox Again: should we be focusing on high risk individuals at all?

The epidemiologist Geoffrey Rose (1981) coined the term the 'prevention paradox' in relation to the cost-benefits of screening and intervening with hypertension. He was examining the question of what level of blood-pressure should be used as a criterion for preventive treatment to get maximum benefit for the population as a whole in the prevention of heart disease. The lower the level, then the more people are in scope but each is at relatively low risk of serious illness. The higher the level, the fewer at-risk individuals are identified and these may also be the least responsive to treatment.

Focusing on the lower risk groups may be the best strategy for the population as a whole because they are more numerous and also more responsive to intervention—even if this seems paradoxical.

Kreitman (1986) also applied the Prevention Paradox to the issue of preventing alcohol-related problems in the general population. In his classic paper he illustrated how, by certain definitions, low-risk drinkers contributed the most alcohol-related harm in the population because, despite their low individual risk, there were so many of them. Rather than identifying that relatively small number of heavy drinkers, he advocated general population campaigns to persuade *all drinkers* to drink less.

Most papers in this special issue illustrate that the defined populations are at least 'high risk' in the sense that they are more likely to be using drugs of all kinds than their age-matched peers in the wider population. In particular, the

defined groups show increased use of the familiar trio of alcohol, tobacco and cannabis. There is also some suggestion of greater probability of using amphetamine, cocaine, heroin and a variety of 'party drugs'. However, there is also evidence that these particular groups of disadvantaged young people are particularly unlikely to respond to well-meaning efforts to educate, inform or 'treat' them in relation to their drug use. Some extremely good reasons are provided for this, all of which relate in some way to the multitude of other difficulties usually facing young people who are variously homeless, offending, truanting, in-care or some combination thereof. So, again, the trade-off implied by the Prevention Paradox is illustrated once more: if you identify high-risk groups for intervention they are not only an increasingly small proportion of the total at-risk population, they may also be harder to work with. So, how much of our prevention resources should be concentrated on these high-risk groups? I think to answer this question we must be clearer about (i) what is regarded as hazardous and harmful drug use and (ii) what kinds of intervention are potentially effective. On the last point, as outlined in the editorial for this special issue, the renewed interest in high-risk groups for drug use is predicated partly on the apparent failure of broad educational campaigns to deter drug use in the wider adolescent populations of most Western countries (Lloyd & Griffiths, 1999). But it may be that the high-risk groups are *harder still* to influence.

2. What Exactly Are the Drug-related Harms We Are Wishing to Prevent?

It was not clear to me in some of the papers as to what kinds of drug-related harm were of concern for the group being discussed. Some of the research presented data on frequency of drug use but only a little on patterns of use over time or, more importantly, risk of actual harm. Knowing that a teenager smokes cannabis and drinks alcohol does not necessarily provide insights into whether these behaviours present them with any particular social or legal difficulties or, in particular, significantly increase their risk of remaining homeless, of re-offending (apart from the drug-related offences), of continuing to be excluded from school or of having less chance of being integrated into the workforce. Obviously, being repeatedly intoxicated, wanting to commit crimes to raise money for drugs, of preferring to spend money on drugs rather than on rent, being stoned instead of studying will each contribute in their own way to a cycle of disaffection and exclusion. I think the focus of our research efforts needs to be much more on these tangible, situationally specific problems relating to drug use than to the fact of drug use if we are to understand better its connectedness to these other major life problems. Harm-reduction approaches have tended to focus, understandably, on the most life-threatening risk behaviours such as injecting drugs, especially opiate drugs of uncertain purity. There is an inescapable validity in a focus on the prevention of (a) heroin and other opiate drug use, (b) injecting any drugs and (c) sharing needles in order to prevent the spread of blood-borne viruses and overdose. But let us be clearer about the full range of potential harms associated with different levels and patterns of drug use for people operating in different social and developmental contexts. Once we understand the range of ways in which drug use can be either functional or dysfunctional for young people in these 'high-risk' groups, then there may be a chance to define the many ways in which different agencies may best respond and what policies are most likely to succeed.

3. *What Do We Know About Effective Interventions with These Groups?*

In some of the papers I got an impression of an implicit model which states that once drug use is identified as an issue then it is necessary to provide some kind of educational, outreach or counselling service but without a sense of whether this was likely to be effective or whether it could ever be feasible to provide such a service to all similar high-risk groups. There is not a strong research tradition to draw on here, but its absence should at least be missed! One major advantage of a focus on high-risk groups for illicit drug use is that evaluations of drug 'prevention' strategies, if adequately funded and designed, are more affordable since relatively small samples are required to identify sufficient cases. As Klee & Reid (1999) so clearly identify, there is an urgent need to evaluate well-structured harm-reduction interventions located within the context of a particular high-risk group, e.g. homeless youth. As suggested above, these also need to be informed by basic research into the special risks different patterns of drug use pose for these special groups. This might enable the development of models of best practice for outreach, probation and social workers to ensure that drug use is dealt with in a manner that does not impede the main business of maintaining stable accommodation, forming relationships, not re-offending, improving literacy and finding employment.

Within the context of the National Drug Strategy in Australia (Single & Rohl, 1998), a process has recently been completed to identify research funding priorities. The first priority identified for new research funding is an examination of the feasibility of a major longitudinal study of young people and drug use. While there have been a small number of impressive longitudinal studies which have yielded valuable information about underlying developmental processes relating to some drug use (e.g. Fergusson & Horwood, 1997), it is evident that the richness of information in relation to drug use has been limited by the economic realities that necessarily restrict sample sizes. More longitudinal research on a combination of young people drawn from the general population and from special high-risk groups is a pragmatic and affordable way of gaining much needed insights into how drug use both facilitates and impedes developmental processes as well as presenting specific risks to health. It is these general processes and interactions with drug use as well as the specific issues relating to particular high-risk groups which need to be more fully understood.

4. *What Relevance is the Regulatory and Legal Framework Surrounding Drugs?*

Obviously it is of enormous relevance to any discussion of processes leading to social exclusion and disadvantage to keep in view broad questions about the legal status of different drugs and the manner in which this is enforced in practice. Concerns about the impact of a criminal conviction for a simple cannabis offence (e.g. Lenton, 1998) have contributed to experimental modifications of law enforcement including the greater use of cautioning first-time offenders in some Australian states. There are innumerable other issues surrounding the enforcement and implementation of drug laws and how these may affect high-risk groups. An obvious one is the greater risk many have of simply being caught using drugs by virtue of being on the streets and coming to police attention for other offences. Again, I suggest we need to take a broader view and look beyond issues of immediate service provision and outreach or

counselling methods and examine very closely how health, law enforcement and other agencies can work synergistically to reduce harm.

Conclusion

I would like to conclude firstly by applauding the editors and authors for a significant contribution to an emerging debate about the need for a broader agenda in responding to drug-related harm. I beg forgiveness that, as a researcher, I mainly see some of the research agenda I feel is needed to advance this debate! I believe the main agenda should include centre stage the principles of harm minimization applied in a rigorous, empirically grounded manner to a broader range of drug-related harms and to broader populations other than have traditionally been in focus. This is not to imply in any way a reduction of harm-reduction activity with the highest risk group of all, namely injecting drug users but rather an expansion of the harm minimization principle that has been established with these highest risk populations. As implied by the discussion of the Prevention Paradox, I suggest that this new harm minimization agenda needs to be carefully tailored to the needs of different groups with different degrees of involvement, and risk of involvement, with hazardous drug use.

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